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**MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.**

ATTORNEYS AT LAW

1800 DIAGONAL ROAD, SUITE 370

ALEXANDRIA, VIRGINIA 22314

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PATENT, TRADEMARK  
AND COPYRIGHT LAW

FACSIMILE: (703) 684-1157

JOHN R. MATTINGLY\*  
DANIEL J. STANGER  
SHRINATH MALUR\*  
CARL I. BRUNDIDGE\*

DONNA K. MASON\*

COLIN D. BARNITZ  
GENE W. STOCKMAN  
OP COUNSEL

JEFFREY M. KETCHUM  
Registered Patent Agent

\* Bar Membership Other Than Virginia

(703) 684-1120

Date: May 6, 2008

Facsimile Number: 571-273-8300

To: Examiner H. Philogene  
Group Art Unit 2821, USPTO

From: Mr. John R. Mattingly  
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/582,631  
Attorney Docket No.: KY-5317

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

**Transmittal; and  
Amendment.**

John R. Mattingly  
Reg. No. 30,293

May 6, 2008

Date

Total Number of Pages (including cover sheet): \_\_\_\_\_

If the facsimile you receive is incomplete or illegible, please CALL (703) 684-1120. Thank you.

## Form PTO-1083

In RE application of Y. SHIMADA et al

Serial No.: 10/582,631

For: ORGANIC EL DRIVE CIRCUIT AND  
ORGANIC EL DISPLAY DEVICECommissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)
Total	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra
Indep.	Minus	**	=
<input type="checkbox"/> First presentation of Multiple Dependent Claims			

SMALL ENTITY	
Rate	Additional Fee
X 25	\$
X 100	\$
X 180	\$
Total	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X 50	\$
X 200	\$
X 360	\$
Total	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

Please charge my Deposit Account No. 50-1417 in the amount of \$ \_\_\_\_\_

A Credit Card Payment Form in the amount of \$ \_\_\_\_\_ is attached for

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Any Extension of Time fees that are necessary, which are hereby requested if necessary.

Mattingly, Stanger, Malur & Brundidge, P.C.  
1800 Diagonal Road, Suite 370  
Alexandria, Virginia 22312  
Tel: (703) 684-1120  
Fax: (703) 684-1157

By:

  
 John R. Mattingly, Reg. No. 30,293  
 Attorney for Applicant(s)

Date: May 6, 2008

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE CENTRAL FAX CENTER**

**MAY 06 2008**

Serial No.. : 10/582,631  
Applicant : Yuji SHIMADA et al  
Filed : June 12, 2006  
Title : ORGANIC EL DRIVE CIRCUIT AND  
ORGANIC EL DISPLAY DEVICE  
Art Unit : 2821  
Examiner : H. Philogene  
Docket No. : KY-5317  
Customer No.: 24956

Commissioner for Patents  
Mail Stop: Amendment  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action dated February 6, 2008, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks begin on page 5** of this paper.